



## PART B - FEE(S) TRANSMITTAL

B \$

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7590

03/12/2002

Pillsbury Madison & Sutro LLP  
Intellectual Property Group  
5th Floor  
50 Fremont Street  
San Francisco, CA 94105-2230

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Karyn F. Massie

(Depositor's name)

Karyn F. Massie

(Signature)

June 11, 2002

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/585,157	06/01/2000	Michael T. Kelly	PMS-260755	4758

TITLE OF INVENTION: ANTIFUNGAL AND ANTIMYCOBACTERIAL BASILISKAMIDES

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
15	nonprovisional	YES	\$640	\$0	\$640	06/12/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
OWENS, AMELIA A	1625	549-553000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Pillsbury Winthrop

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

1. Ocean Pharmaceuticals, Inc. Blaine, Washington

2. University of British Columbia Vancouver, B.C., Canada

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 5

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-3975 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Robert M. Bedgood, Ph.D.

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